According to these findings, treatment with 160 mg valsartan/25 mg HCTZ totally dominates and it should be preferable. Sensitivity analysis confirmed the results from this base case.

PCV60

COST-MINIMIZATION ANALYSIS OF TREATMENT OF MILD-TO-MODERATE HYPERTENSION IN UNITED STATES

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OBJECTIVES: Hypertension is a highly prevalent risk factor for cardiovascular disease (CVD), which affects approximately 50 million Americans. The outcome data from several clinical trials and meta-analyses prove that new and old classes of antihypertensive drugs provide similar reductions of cardiovascular morbidity and mortality. The purpose of this study was to compare the costs associated with the prescription of first-line antihypertensive agents in United States (US). **METHODS:** A cost-minimization analysis was performed. A decision analysis model was developed to compare the five alternative interventions: chlorthalidone, propranolol, amlodipine, enalapril and losartan. Clinical inputs were derived from randomized controlled trials and cost data from 2004 Red Book and Centers for Medicare & Medicaid Services. The evaluation of the cost of managing mild-to-moderate hypertension includes the cost of drug therapy, monitoring, treating side-effects, poor compliance and switching. All costs were calculated from a health system's perspective, in 2004 $US. Future costs and clinical benefits were discounted at 5%. The time horizon was 5 years. **RESULTS:** The total cost to achieve and maintain hypertension control in US setting was $2194.42, $3181.79, $3566.36, $2885.69 and $3747.57 for chlorthalidone, propranolol, amlodipine, enalapril and losartan respectively. The drug acquisition cost was 27.54%, 51.28%, 58.18%, 47.83%, and 61.55% respectively. Sensitivity analysis tested the effect of modifying the prices of the antihypertensive agents and laboratory monitoring, the doses of the alternative drugs and the compliance rate on the economic endpoints and confirmed the superiority of chlorthalidone. **CONCLUSIONS:** In patients with mild-to-moderate hypertension in US, treatment costs to prevent CVD are much lower with chlorthalidone than with the other first-line antihypertensive agents.

PCV61

THE FRENCH CV@GOAL EDUCATIONAL PROGRAM FOR IMPROVING HBP MANAGEMENT BY PATIENTS AND PHYSICIANS: ASSESSMENT OF ITS IMPACT ON PATIENT'S KNOWLEDGE AND PATIENT-PHYSICIAN RELATIONSHIP

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Despite therapeutic advances, High Blood Pressure (HBP) remains a health issue in Western countries. Few programs have sought to improve physician-patient relationship and the effect of educating HBP patients. CV@Goal is a French educational programme (2002 to 2003) aimed at training physicians to educate HBP patients. **OBJECTIVES:** Assessing the impact of CV@Goal on HBP patients and physicians. **METHODS:** A 6-month before-after comparison of physician and HBP patient populations. Four HBP patients per GPs were included. GPs were trained to educate HBP patients and included four new HBP patients. **RESULTS:** In total, 1208 HBP patients and 308 physicians completed the "before" questionnaire, and after training 512 new patients and 169 physicians completed the "after" questionnaire. According to GPs, there were in both phases "important" or "insurmountable difficulties" concerning patient sedentary lifestyle (40%), diet compliance (60%) and alcohol (75%). The proportion of GPs who considered patient knowledge to be "good" or "very good" increased for: general issues (22% to 38%), the disease natural history (8% to 14%), risks (29% to 49%), complication prevention (13% to 24.5%) and alarm symptoms (21% to 35%); the proportion also increased for patient awareness of the importance of smoking cessation (69% to 77%) and special dieting (52% to 67%). Changes in patients' blood pressure were not significant. Most patients believed smoking, diabetes, alcohol, hypercholesterolemia, treatment compliance, obesity, age, heredity and diet could alter blood pressure; knew HBP could relate to heart, brain, arteries, eyes, kidneys complications; that smoking cessation, weight loss, physical exercise and salt reduction could improve HBP. After CV@Goal, improvements were observed in patient knowledge about the importance of weight loss, physical exercise and salt consumption. Nevertheless, most patients declare they have not changed lifestyle since the HBP diagnosis. **CONCLUSION:** CV@Goal had an impact on patient knowledge about HBP, but not on lifestyle and BP.

PCV62

LIPID PROFILE IN HYPERTENSIVES WITH AND WITHOUT CARDIOVASCULAR DISEASE: HAS THE HDL COLESTEROL BEEN FORGOTTEN?

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OBJECTIVES: Hypertensive patients with cardiovascular (CV) disease or diabetes are at a particularly high CV risk. LDL-cholesterol (cLDL) levels are an important CV risk factor and total cholesterol/cHDL (TC/HDL) ratio is also related to cardiovascular risk. Although HDL-cholesterol (cHDL) is a protective factor, available therapeutic strategies are not effective enough. The objective of this study is to compare cLDL, cHDL and TC/HDL between two groups: patients with previous CV disease/diabetes and those without it in a hypertensive population from a programme for CV risk control. **METHODS:** A total of 5094 subjects from primary care centres in Spain were retrospectively studied. Levels of cLDL, cHDL and TC/HDL were compared for the above mentioned groups by Student t test for independent samples. **RESULTS:** There were 41.4% men. Mean age 66.3 years. Average TC levels were: 214.4 mg/dL; cLDL: 141.9 mg/dL; cHDL: 45.5 mg/dL and TC/HDL: 4.98. Levels of cLDL were significantly lower for those with CV disease/diabetes: 148.6 mg/dL (SD 32.8) vs. 132.3 mg/dL (SD 35); $p < 0.0001$. Similarly, Levels of cHDL were significantly lower for those with CV disease/diabetes: 47.1 mg/dL (SD 12.5) vs. 43.1 mg/dL (SD 11.4): $p < 0.0001$. There were no significant differences of CT/HDL ratio between groups. **CONCLUSIONS:** In a population of treated hypertensives, cLDL levels are lower for those with previous CV disease/diabetes, which is appropriate taking into account their higher cardiovascular risk. On the contrary cHDL levels are lower in the group at highest risk. There is a wide room for improvement of cardiovascular risk in hypertensive patients with previous CV disease or diabetes, by increasing HDL.

PCV63

CARDIOVASCULAR DRUG USE IN NIS REGION

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